DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CRITICAL ORIFICE GAP SETTING FOR ECM GROOVING OF FLAT PLATES, the specification of which:

(check one)	🗷 🗆 is a	ttached hereto.	
	Ap and	o filed on plication Serial No l was amended on applicable)	as
I hereby state that including the claims,	I have reviewed as amended by an	and understand the content	nts of the above-identified specification bove.
I acknowledge the d patentability as defin	luty to disclose to ed in 37 C.F.R. 1.5	the Patent Office all info	ormation known to me to be material to
(a) for patent or inve	entor's certificate l	isted below and have also	es Code, § 119 of any foreign application identified below any foreign application at of the application on which priority is
Prior Poreign Application(s)			Priority Claimed State
(Number)	(Country)	(Day/Month/Year File	ed)
I horoby claim the b application(s) listed b	enefit under Title elow:	35, United States Code §	119(o) of any United States provisional
(Application Serial No.)		January 21, 2003 (Filing Date)	Pending
			(Status) (petented, pending, abandoned)
the prior United State Code, §112, I acknow material to patentabil	otar as the subject as application in the wledge the duty to ity as defined in 3	matter of each of the clair e manner provided by the disclose to the Patont Of	3120 of any United States application(s) ms of this application is not disclosed in first paragraph of Title 35, United States flice all information known to me to be arred between the filing date of the prior application:
ahburanan ana MG HS			

Declaration for Patent Application Page 1

Declarati a f r Patent Application Page 2 Direct all telephone calls to James A. Shoridan at (650) 330-2310.

Address all correspondence to:

MOSER, PATTERSON & SHERIDAN, LLP 350 Cambridge Avenue, Suite 250 Palo Alto, California 94306

File No. STL 3315

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first or sole inventor:	Dustin Alan Cochran	
Inventor's signature:	Dave	
Date:	6-16-03	
Residence:	Watsonville, CA 95076	
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PORM PTO-1595 (Rev. 6-93) ONB No. 0651-0011 (exp. 4/94)	RDATION FORM COVER SHEET U.S. Department of Commerce Patent And Trademark Office PATENTS ONLY
To the Honorable Commissioner of Patents and Trademarks: Please	record the attached original document or copy thereof.
Name of conveying party(ies):	2. Name and address of receiving party(ies):
Dustin Alan Cochran	Name: Seagate Technology LLC
Additional name(s) of conveying party(ies) attached? YesX_	No Internal Address:
3. Nature of conveyance:	Street Address: 920 Disc Drive, Building 15
X AssignmentMerger	Street Address. 720 Disc Diffe, Building 13
Security Agreement Change of Name	City: Scotts Valley State: California Zip: 95066
Other	one states state
Execution Date: June 16, 2003	Additional name(s) & address(es) attached? Yes _X_ No
A. Patent Application No.(s) B. Patent No.(s)	numbers attached? Yes _X_ No
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved:1
Name: Breton G. Graham	7. Total fee (37 C.F.R. 3.41) \$_40.00
Internal Address: Moser, Patterson & Sheridan, LLP	Enclosed
•	X Authorized to be charged to deposit account
Street Address: 350 Cambridge Avenue, Suite 250	8. Deposit account number: 20-0782 Please debit underpayment or credit any overpayment to the above deposit account.
City: Palo Alto State: California Zip: 94306	
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Statement and signature. To the best of my knowledge and belief, the foregoing information	on is true and correct and any attached copy is a true copy of the original document.
Breton G. Graham, Reg. No. 48,149 Name of Person Signing	Signature June 30, 2003 Date

Total number of pages including cover sheet, attachments and document: $\underline{2}$